

PROVIDER BULLETIN No. 13-55

Date: August 28, 2013

TO: All Medicaid Providers

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Division of Medicaid & Long-Term Care

BY: Lori Lewis, Program Coordinator/Managed Care

Division of Medicaid and Long Term Care

RE: Behavioral Health Managed Care

Please share this information with administrative, clinical, and billing staff.

This bulletin is intended to provide additional information relating to Behavioral Health Managed Care. Effective September 1, 2013 all behavioral health and substance use disorder services for managed care clients must be billed directly to Magellan Behavioral Health of Nebraska. Payment for services provided to clients enrolled in managed care will not be paid by Medicaid Fee-For-Service for dates of service after September 1, 2013.

See the following "Frequently Asked Questions" for answers to most common questions.

Behavioral Health Managed Care Frequently Asked Questions

1. What is Behavioral Health Managed Care?

Managed care is a service delivery system where Nebraska Medicaid contracts with a managed care entity to operate a health plan that authorizes, arranges, provides, and pays for the delivery of behavioral health services to enrolled clients. The care of the clients enrolled in the health plan is managed by Magellan Behavioral Health, through its network of providers who contract directly with Magellan.

- 2. What happens if I choose not to be a provider in the Magellan network? Providers not contracted through the Magellan network will not be paid for services rendered to clients enrolled in managed care.
- 3. If I am not currently in the Magellan network and want to be what do I do? Please see Magellan's website on "Becoming A Provider" http://www.magellanofnebraska.com/for-providers-ne/becoming-a-provider.aspx

4. What do I have to do to assure that I am ready to begin billing Magellan for managed care clients on September I, 2013?

Assure that you are enrolled as a Medicaid provider, credentialed in the Magellan network, and have responded to the amendment Magellan sent to all network providers. Please see Provider Implementation Updates on the Magellan web site:

http://www.magellanofnebraska.com/for-providers-ne/provider-implementation-updates.aspx

5. How do I submit claims to Magellan?

There are several ways to attain this information:

Magellan Web Site: http://www.magellanofnebraska.com

Provider Trainings & Events: http://www.magellanofnebraska.com/library-training-

<u>ne/trainings-events.aspx</u>

Overview on Claims Submission Requirements, Electronic Billing Options, and Provider Website Features: http://www.magellanofnebraska.com/media/457561/2013-07-

website reatures. http://www.mageilanoinebraska.com/media/45/561/2013

17 edi webinar med-high vol - rev 7-17-13.pdf

Call Magellan directly at 1-800-424-0333

6. What services will require prior-authorization for managed care?

For prior authorization questions, contact Magellan at 1-800-424-0333, or at: http://www.magellanofnebraska.com

7. What services require co-pay for managed care?

For co-pay questions contact Magellan at 1-800-424-0333, or at: http://www.magellanofnebraska.com

8. Are there new categories of individual members that will be eligible for Managed Care, as a part of this change?

Yes, the populations that are new to Behavioral Health Managed Care include the following: Waiver Child Developmental Disabilities (DD), Aged & Disabled Waiver, Adult DD Comprehensive Waiver, Adult DD Day Waiver, TBI Waiver, residents of Nursing Facilities and Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DD).

9. Is there a contract for Behavioral Health Managed Care that I can read? Yes, please view the following link.

http://das.nebraska.gov/materiel/purchasing/contracts/pdfs/55286(o4)awd.pdf

If you have questions regarding the information in the bulletin, please contact Lori Lewis at Lori.Lewis@nebraska.gov or 402 471-6794.